

Formerly C-8463

Check appropriate box.

- ☐ This is an original return
☐ This is an amended return

1998

Insurance Company Annual Return for SBT and Retaliatory Tax

Issued under P.A. 228 of 1975, as amended. Filing is mandatory.

1. Company Name Address (No., Street) City, State, ZIP Contact Person Contact Person Phone No.		2. Federal Employer ID NO. or TR No. ▶ 3. Insurer Type (Check one) ▶ <input type="checkbox"/> Foreign <input type="checkbox"/> Domestic 4. State of Incorporation ▶ (2 letters)
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ADJUSTED RECEIPTS

5. Enter the amount of your total company adjusted receipts for calendar year 1998 **5** _____ | 00

APPORTIONMENT

6. Enter your Michigan gross direct premiums **6** _____ | 00
7. Enter your total gross direct premiums everywhere **7** _____ | 00
8. Michigan apportionment percentage. Divide line 6 by line 7 **8** _____ %
9. Apportioned Tax Base. Multiply line 5 by line 8 **9** _____ | 00

DISABILITY INSURANCE EXEMPTION

10. Enter your disability insurance premiums written in Michigan, not including credit insurance or disability income, OR \$130,000,000, whichever is smaller **10** _____ | 00
11. Enter total gross direct premiums from all lines of insurance carrier services everywhere **11** _____ | 00
 - \$180,000,000 | 00
12. Subtract \$180,000,000. If less than zero, enter zero ... **12** _____ | 00
13. Exemption reduction. Multiply line 12 by 2 **13** _____ | 00
14. Allowable exemption. Subtract line 13 from line 10 (can't be less than zero) **14** _____ | 00
15. ADJUSTED TAX BASE. Subtract line 14 from line 9 **15** _____ | 00
16. TAX BEFORE CREDITS. Multiply line 15 by 1. 2995% (.012995) **16** _____ | 00

CREDITS

17. Enter amounts you paid from 1/1/97 to 12/31/97 to each of the following:

a. Michigan Workers' Compensation Placement Facility .....	. 17a	_____ | 00
b. Michigan Basic Property Insurance Association .....	. b	_____ | 00
c. Michigan Automobile Insurance Placement Facility .....	. c	_____ | 00
d. Property and Casualty Guaranty Association .....	. d	_____ | 00
e. Life and Health Guaranty Association .....	. e	_____ | 00

18. Add lines 17a through 17e **18** _____ | 00
19. Multiply the amount on line 18 by **58.54%** (.5854) and enter here **19** _____ | 00
20. Michigan Regulatory Fees Credit _____ x 50% **20** _____ | 00
21. Add lines 19 and 20 **21** _____ | 00
22. Subtract line 21 from line 16. If less than zero, enter zero **22** _____ | 00
23a. Contributions to **COMMUNITY FOUNDATIONS** **23a** _____ | 00
b. **CREDIT.** Enter the smaller of 50% of line 23a, \$5,000 or 5% of your tax on line 16 **23b** _____ | 00
c. Enter the **code** for the foundation you contributed to here (see inst.) **23c**
24. Subtract line 23b from line 22 **24** _____ | 00
25a. Contributions to **COLLEGES AND PUBLIC LIBRARIES** **25a** _____ | 00
b. **CREDIT.** Enter the smaller of 50% of line 25a, \$5,000 or 5% of your tax on line 24 **25b** _____ | 00
26. **TAX.** Subtract line 25b from line 24 **26** _____ | 00

Attach check here

Domestic insurers go to page 2, line 43.
Foreign and alien insurers go to page 2, line 27.

PAYMENT

57 Write the amount you entered on page 2, line 53 **PAY THIS AMOUNT** ▶ **57** _____ | 00

27. Enter the amount from line 26 27 | 00

TAXES

28. State of incorporation tax 28

29. Michigan single business tax (from line 27) 29

FEES AND ASSESSMENTS

30. Annual statement filing fee 30

31. Certificate of Authority renewal fee 31

32. Certificate of Compliance 32

33. Certificate of Deposit 33

34. Certificate of Valuation 34

35. Enter the **total** of other fees paid in your state of incorporation. Attach a detailed schedule of fees 35

36. Fire Marshall Tax 36

37. Second Injury Fund 37

38. Silicosis & Dust Disease Fund 38

39. Safety Education and Training Fund 39

40. Enter the total of all other assessments. Attach a detailed schedule of assessments 40

TOTAL

41. Total taxes and assessments (add lines 28 - 40) 41

42. Retaliatory amount (subtract line 41 col. B from col. A; not less than 0) 42 | 00

43. Amount due (add lines 27 and 42). Domestic insurers enter the amount from line 26 43 | 00

PAYMENTS

44. Credit forward from 12/31/97 SBT return, line 56 44 | 00

45. Estimated tax payments 45 | 00

46. Tax paid with request for extension 46 | 00

47. WDSB Credit (include only if you have not received payment) 47 | 00

48. Total Payments. Add lines 44 through 47 48 | 00

49. Complete this line only if you are amending a return.

a. Add to line 48 any payment of tax made with your original return

OR

b. Subtract from line 48 any refund of tax you received with your original return

c. Net payments 49 | 00

Amended filers use line 49 instead of line 48 for all references below.

50. TAX DUE. Subtract line 48 from line 43. If less than zero, leave blank 50 | 00

51. Underpaid estimate penalty and interest (see instructions) 51 | 00

52. Annual return penalty at ____ % = _____.00 and interest at ____ % = _____.00 52 | 00

53. **PAYMENT DUE.** Add lines 50 - 52. Enter this amount here and on page 1, line 57 53 | 00**YOUR REFUND or OVERPAYMENT**

54. OVERPAYMENT. If line 48 is more than line 43, subtract line 43 from line 48 54 | 00

55. How much of the amount on line 54 do you want refunded to you? 55 | 00

56. How much of the amount on line 54 do you want credited forward? 56 | 00

This return must be filed by March 1, 1999.**SIGNATURE AND PREPARER AUTHORIZATION****TAXPAYER'S DECLARATION**

I declare, under penalty of perjury, that this return is true and correct to the best of my knowledge.

☐ I authorize Treasury to discuss my return with my preparer.☐ Do not discuss my return with my preparer.

Taxpayer's Signature

Date

Title

PREPARER'S DECLARATION

I declare, under penalty of perjury, that this return is based on all information of which I have any knowledge.

Preparer's Signature

Date

Business Address and Phone